# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number:	3235-0076					
Expires: April 30,	2008					
Estimated Average burden						
hours per form 16.00						

OMB APPROVAL

SEC USE ONLY					
Prefix	Serial				
DATE RE	CEIVED				
1	1				

Name of Offering: Flatirons Financial Inc Offering of 12% Cumulative Preferred Stock \$0.001 par value per share								
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	Rule 506	☐ Section 4(6)	ULUE OF COOLD			
Type of Filing:	☐ New Filing	🗵 Amendment	_		PROCESSED			
	A. BA	SIC IDENTIFICAT	TION DATA	Υ.	NOV 0.7 ages			
1. Enter the information requested about the issue	er				) NOV O / ZOUY			
Name of Issuer ( check if this is an amen	dment and name has	changed, and indicate	e change.)		THOMSON			
FLATIRONS FINANCIAL INC.					IMONISON			
Address of Executive Offices	(Number at	nd Street, City, State,	Zip Code)	Telephone Number (Includ	ling Area Cove			
300 South Clairborne, Building C,	Olathe, Kar	nsas, 660662		(013) 203 2440	<b>1</b>			
Address of Principal Business Operations	(Number a	nd Street, City, State,	Zip Code)	Telephone Number (Inchid	ing Arca Codo)			
(if different from Executive Offices)					ENED C			
Brief Description of Business: Mortgage bank	ing			NOI	/ /			
Type of Business Organization			_	181	1 2007			
□ corporation	☐ limited partnersh	ip, already formed	□ o	ther (please specify):	. //			
□ business trust	☐ limited partnersh	nip, to be formed		k/,	86 SECTION			
Actual or Estimated Date of Incorporation or Org	anization:	Month 0 1	Yea 0	6 E Actual	☐ Estimated			
Jurisdiction of Incorporation: (Enter two-letter U CN for Canada;	S. Postal Service Abl FN for other foreign			D E				

# GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTIFI	CATION DATA								
2. Enter the information	n requested for the foll	owing:									
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>											
<ul> <li>Each beneficial own</li> </ul>	er having the power to	vote or dispose, or direct the vote	or disposition of, 10% or n	nore of a class of equ	uity sec	urities of the issuer;					
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and											
Each general and ma	Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	☑ Director		General and/or Managing Partner					
Full Name (Last name first, if i	ndividual)	· -				<del> </del>					
SAUER, JONPAUL E.						<del></del>					
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
c/o Flatirons Financial Inc., 300	) South Clairborne, Bui	ilding C, Olathe, Kansas, 660662	<del></del>								
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director		General and/or Managing Partner					
Full Name (Last name first, if i	ndividual)										
SAUER, SHANE S.											
Business or Residence Address	(Number and Street,	City, State, Zip Code)			_						
c/o Flatirons Financial Inc., 300	) South Clairborne, Bu-	ilding C, Olathe, Kansas, 660662									
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner					
Full Name (Last name first, if i	ndividual)										
BISHOP, THOMAS E., JR.											
Business or Residence Address	(Number and Street,	City, State, Zip Code)		•							
c/o Flatirons Financial Inc., 300	) South Clairborne, Bu	ilding C, Olathe, Kansas, 660662									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner					
Full Name (Last name first, if i	ndividual)					**					
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner					
Full Name (Last name first, if i	ndividual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner					
Full Name (Last name first, if i	ndividual)										
Business or Residence Address	(Number and Street,	City, State, Zip Code)				<del> </del>					

	······································				B. I	NFORMA	TION A	BOUT OF	FERING	-				
				<u>-</u> ·						_			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								🗖	X					
Answer also in Appendix, Column 2, if filing under ULOE.														
2.	2. What is the minimum investment that will be accepted from any individual?									<u>0</u>				
													Yes	No —
3.	Does the offer		=	•	-									
4.	Enter the info solicitation of registered with a broker or de	purchasers the SEC	s in connec and/or with	tion with s a state or s	ales of sec tates, list th	urities in the name of	ne offering. the broker (	If a perso or dealer. I	on to be lis	ted is an a:	sociated p	erson or age	nt of a broke	er or dealer
Full	Name (Last na	me first, if	individual)											
Bus	iness or Resider	nce Addres	s (Number a	and Street,	City, State,	Zip Code)					<del></del>			
Nan	ne of Associated	l Broker or	Dealer				·							
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	Purchasers	;							<del></del>
	(Check "All S	tates" or cl	neck individ	ual States)									🗖 All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)	
	(IL) [MT]	[IN] [NE]	(IA) [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	(ME) (NY)	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
Bus	iness or Resider	nce Address	s (Numbe	r and Street	, City, Stat	e, Zip Code	:)							
Nan	ne of Associated	Broker or	Dealer			·- <u>-</u>				-				
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	t Purchasers			<del></del>		<del></del>			•
													🗖 All S	
	(Check "All S [AL]	[AK]	AZ]	(AR	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	🗀 Alis [ID]	iates
	(IL)	[IN]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]	
•	(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
Full	[RI] Name (Last na	[SC]	[SD] individual)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
1 011	Traine (Last na	iic 11131, 11	marviduary											
Bus	iness or Resider	nce Addres	s (Numbe	r and Street	, City, Stat	e, Zip Code	:)							
Nan	ne of Associated	Broker or	Dealer							_		м		<del></del>
Stat	es in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solici	Purchasers	6							
(Check "All States" or check individual States)														
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗖 and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price (1) Sold (2) Debt ..... \$ 1,500,000 \$ 1,255,000 Equity ☐ Common ☑ Preferred Convertible Securities (including warrants)..... Partnership Interests Other (specify)..... Total ..... \$<u>1,500,000</u> **\$\_1,255,000** Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount investors of Purchases Accredited Investors 10 \$<u>1,255,000</u> 0 Non-accredited Investors 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold N/A N/A\_ N/A N/A Rule 504 ..... N/A N/A Total ..... N/A N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... $\overline{\mathbf{x}}$ 0 Printing and Engraving Costs X 500 Legal Fees $\mathbf{X}$ \$<u>9,000</u>

\$\_2,500

**\$\_2,350** 

\$ 14,350

0

0\_\_\_\_

X

X

X

X

 $\times$ 

.....

Accounting Fees.

Engineering Fees

Other Expenses (identify) Postage, filing fees and miscellaneous expenses

Sales Commissions (specify finders' fees separately)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate total expenses furnished in response to Part C - Que the issuer."	\$ <u>1,485,650</u>				
5.	the purposes shown. If the amount for any purpo	proceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the sted must equal the adjusted gross proceeds to the issuer set			,	
				Payments to Officers, Directors, and Affiliates		Payments to Others
	Salaries and fees			\$		\$
	Purchases of real estate			\$		\$
	Purchase, rental or leasing and installation of mac	hinery and equipment		\$		\$
	Construction or leasing of plant buildings and faci	lities		\$		\$
	Acquisition of other businesses (including the values may be used in exchange for the assets or securities	ue of securities involved in this offering that es of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$	X	\$ <u>1,485,650</u>
	Other (specify):			\$		\$
	Column Totals			\$		\$
	Total Payments Listed (column totals added)			⊠ \$	1,485,	<u>650</u>
		D. FEDERAL SIGNATURE				
n	e issuer has duly caused this notice to be signed by the undertaking by the issuer to furnish to the U.S. Secul-accredited investor pursuant to paragraph (b)(2) of	te undersigned duly authorized person. If this notice is filed unities and Exchange Commission, upon written request of its sta Rule 502.	der R iff, th	ule 505, the follo e information fur	wing sig nished b	nature constitutes y the issuer to any
	er (Print or Type) ATIRONS FINANCIAL INC.	Signature		Date October 31, 2	007	
۷a	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Γŀ	OMAS E. BISHOP, JR.	CHAIRMAN AND DIRECTOR				

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)